



15th Oman Dental Conference

Grand Hyatt Muscat, 17-18 December, 2008

Dr. Mr. Ms. Male Female

Registration Form

Full Name: _____

Place of Work: _____ Designation: _____

Mailing Address: _____

Nationality: _____ EmailAddress: _____

Tel. No.: _____ Mobile No.: _____ Fax No.: _____

ODS/GDA Member: Yes No ODS/GDA No: _____

Registration Fee

	ODS/GDA Member	ODS/GDA Non-Member
Dentist	55 OMR	65 OMR
Dental Auxiliary	45 OMR	55 OMR
Dental Student		40 OMR
Late registration fee		75 OMR

Registration must be accompanied by full payment. Please make your bank Draft/Cheaque, payable to Oman Dental Society or bank transfer to:

Bank Name: Bank Muscat
Account Name: Oman Dental Society
Account No.: 0035-60004-0081010
Swift code BMUSOMRXXXX

BankBranch _____ Amount: _____ Deposit.Date: _____ AccountName: _____
Account No.: _____ please fax Registration Form: +96824696463

Please note that early Registration ends on 1st December 2008

For more information please visit our website at www.oman-dental.org or call [Tel:+96895769039](tel:+96895769039)

Email: odc2008@oman-dental.org